

End-of-day Survey

I1. Participant ID: _ _ _	I2. Participant Name:	I3. Date: _ _ _ _ _ _ _ _
I10. Round ID: _ _ _ _	I8. Start time: _ _ : _ _	I9. End time: _ _ : _ _
I7. Surveyor ID: _ _	I11. Type: _____	I12. Treatment : _ _

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Now we would like you to ask a few more questions about your experience here, and your opinions.

Priming Effect

1.	(a) What were you thinking about while you were working today? (<i>Note to surveyors: Give examples, DON'T read out options. Can mark more than one.</i>)	0. <input type="checkbox"/> Nothing 1. <input type="checkbox"/> Household-related worries 2. <input type="checkbox"/> Finances-related worries 3. <input type="checkbox"/> Task related -98. <input type="checkbox"/> Others Specify: _____
	(b) Were you thinking about any worries or finances while working?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	(c) What were you thinking about? [<i>can mark multiple</i>]	1. <input type="checkbox"/> Agriculture tasks 2. <input type="checkbox"/> Finding work 3. <input type="checkbox"/> Meeting expenses 4. <input type="checkbox"/> Loans 5. <input type="checkbox"/> Construction/maintenance of house 6. <input type="checkbox"/> Daughter's marriage 7. <input type="checkbox"/> Children's education 8. <input type="checkbox"/> Health issues -98. <input type="checkbox"/> Others Specify: _____
2.	<i>[Surveyor: Ask only if they did priming story]</i> (a) You heard a story and had a conversation about your financial situation. Right after this activity, when you started working again, do you feel like you were able to focus more on the work and work better? Or did it make you less focused?	1. <input type="checkbox"/> More focused 2. <input type="checkbox"/> Less focused 3. <input type="checkbox"/> Same → Skip to 3
	(b) Why?	1. <input type="checkbox"/> Activity motivated me to work harder/earn more money 2. <input type="checkbox"/> Felt distracted because I was thinking about finances -98. <input type="checkbox"/> Others Specify: _____

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	(c) <i>[If they were less focused]</i> How long do you feel like you were less focused?	1. <input type="checkbox"/> Less than 1 hour 2. <input type="checkbox"/> 1-2 hours 3. <input type="checkbox"/> All day -98. <input type="checkbox"/> Others Specify: _____
	(d) <i>[If they were less focused]</i> Did you try to make more plates and catch up later?	1. <input type="checkbox"/> Yes, but I could not focus 2. <input type="checkbox"/> Yes, and I did catch up 3. <input type="checkbox"/> No, I did not try to make more plates -98. <input type="checkbox"/> Others Specify: _____
3.	<i>[Surveyor: Ask only if they are a part of W1, W4, W1b, W4b]</i> (a) You heard the story about Bhibuti a few days back. Did you discuss this story with people at the worksite?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	(b) When?	1. <input type="checkbox"/> At the worksite 2. <input type="checkbox"/> On the way to the village after work 3. <input type="checkbox"/> In the village -98. <input type="checkbox"/> Other Specify: _____
	<i>[Surveyor: Ask only if they are a part of W2, W5, W2b, W5b]</i> (c) You heard a story about Bhibuti today. Have you heard this story before today?	1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No
	(d) When?	1. <input type="checkbox"/> At the worksite 2. <input type="checkbox"/> On the way to the village after work 3. <input type="checkbox"/> In the village -98. <input type="checkbox"/> Other Specify: _____